LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday, August 7, 2003
1:00 p.m.-5:00 p.m.
St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90005

MEMBERS PRESENT		ABSENT
Mario Perez	Chi-Wai Au	Jeff Bailey
Sergio Avina*	Diane Brown	Kelly Gilmore
Richard Browne	Gordon Bunch	Shawn Griffin
Tony Bustamante	Cesear Cadabes	Keisha Paxton
Edward Clarke	Mark Etzel*	Gail Sanabria
David Giugui*	Edric Mendia	Rodolfo Zamudio
Veronica Morales	Vicky Ortega	David Zucker
Efrain Reyes*	Ricki Rosales*	
Vanessa Talamantes	Kathy Watt	
Richard Zaldivar*		

*** Denotes present at one (1) of the roll calls**

STAFF PRESENT

Eric Carr	Elizabeth Escobedo	Karin Liu	Monseca	Pamela Ogata
Gabriel Rodriguez	Rene Seidel	Anne Soto	Cheryl Williams	Tracey Williams
Juhua Wu	Paulina Zamudio			

I. ROLL CALL - Roll call was conducted. A Quorum was present.

II. COLLOQUIA PRESENTATION
George Weiss and Veronica Montenegro presented on *"Connect to Protect Partnerships for Youth Prevention Interventions"*.

Questions and Answers:
- Mr. Weiss responded that STD data is reported by area of residence of the individual not where the risky behavior occurred. Additionally, Tony Bustamante responded the STD does collect data for the area where the risky behavior occurred for Syphilis cases ONLY.
- Mr. Weiss responded that persons interested in obtaining data/maps based on gender, ethnic groups, etc. should contact him directly.
- Mr. Weiss reported that substance abuse data has not been collected; however, it would be interesting to may the association with substance abuse and risky behavior by geographic unit.
- Mr. Weiss indicated that PPC participants (members and interested parties) would be contacted for interviews to fill some of the gaps in the data.

The Presentation scheduled for next month is "*Coordinated Prevention Networks in Los Angeles: A Technical Assistance Perspective*" by Rose Veniegas, Ph.D.

III. APPROVAL OF AGENDA
The agenda was approved with the following stipulation:
- Move agenda item XII Partner Counseling and Referral Services (PCRS) to item VI after the Public Comment agenda item.

IV. APPROVAL OF MEETING SUMMARY

The meeting summary of the July 22, 2003 meeting was approved with the following stipulation:

- Meeting Summary to reflect change day of meeting as Thursday instead of Tuesday.

V. PUBLIC COMMENT

- **Demetri Moshoyannis**, Being Alive, voiced his support to continue funding for the Prevention for Positives Programs and as the PPC develops the 1-year and 5-year goals, consider the Prevention for Positives Programs.
- **Alexis Rivera,** Children's Hospital, stated the importance of funding programs for transgender youth and the need for prevention programs for transgender youth.
- **Audruin Pittman**, Children's Hospital, voiced the importance of continued funding for "Young Women With Voices" Program. A program which is partially funded by OAPP for HIV prevention.
- **Victor Martinez**, Bienstar, voiced his support for the need to continue funding to support prevention for positives programs.
- **Janet White**, HIV Resource Specialist for SPA5, stated there is a need to increase funding for outreach services.
- **Mario Perez**, PPC Co-Chair, announced Jeff Bailey is on vacation and Dean Goishi resigned from OAPP.
- **Greg Cardona**, APLA, reiterated the need for funding for prevention for positives programs and that there will be a gap in funding between March to December, when the CDC funding kicks in.

VI. PARTNER COUNSELING AND REFERRAL SERVICES (PCRS)

Tony Bustamante presented a power point presentation on PCRS. Elizabeth Valencia, Public Health Investigator, was present to answer questions.

The definition of PCRS – a range of services available to HIV+ individual(s) and their sexual and/or needle sharing partner(s). HIV partner services staff can locate and notify partner(s) using information provided by the HIV+ client.

There are three (3) Partner Referral Options

- Self-Referral/Client Referral – client decides to notify partner and staff coach the client through possible outcomes (i.e. preparation for retaliation, abuse, etc.).
- Dual – HIV counselor and client notify the partner together (usually in a clinic setting with the assistance of an HIV counselor).
- Provider – client options for the provider to notify the partner of his/her potential exposure to HIV without identifying the name of the client.

The guiding principles of PCRS are: all information on the partner is confidential with the exception of HIV. After six (6) months, all information/records is shredded.

The benefits of PCRS: counseling, opportunity to provide intervention/prevention messages, confidential service(s), free HIV testing, link partner(s) to services and staff are trained to access for domestic violence/intimate partner violence.

Mr. Bustamante reported some 2002 Los Angeles County statistics/data.

QUESTIONS AND ANSWERS:
Yes, there is PCRS data by age, gender, etc.; however, the data is currently being analyzed by Epidemiology staff.

The LAC-STD Control Office is currently working with the LAC-OAPP Office to establish new data collection criteria.

Section 121015 of the California Health and Safety Code governs PCRS activities regarding HIV.

A copy of the presentation has been requested for the PPC files and available for your review.

VII. BREAK

VIII. 1 YEAR PREVENTION GOALS AND OBJECTIVES

Mario Perez facilitated the discussion and 2 handouts (CDC Indicators Program Announcement 04012 and Appendix C: Critical HIV Prevention Community Planning Attributes) were distributed. The Prevention Planning Process is a mandated CDC Prevention Planning Process and the mandate includes guidance titled: Community Planning Guidance.

The Community Planning Guidance has been revised and one of the new additions is Appendix C, which contains fifty-two (52) attributes. The PPC is to identify which attributes are most pertinent to our planning process and which attributes we want to use as a benchmark to gage whether or not this is an effective process. The goal is to review the indicators and identify a person or group responsible for developing 1 year and 5 year goals.

The outcome of the discussion on the CDC Indicators is:

1. Counseling, Testing, and Referral (CTR) Services

Working Group: Eduardo Alvarado, Gordon Bunch, Counseling & Testing Taskforce, PPC Executive Subcommittee

Specify baseline level, one-year target and five-year overall target level of performance for the following core program indicators:

- Percent of newly identified, confirmed HIV-positive test results among all tests reported by CDC-funded HIV counseling, testing and referral sites.
- Percent of newly identified, confirmed HIV-positive test results returned to clients.
- Percent of facilities reporting a prevalence of new HIV-positive tests equal to or greater than the jurisdiction's target as specified in the first indicator immediately above.

2. Partner Counseling and Referral Services (PCRS)

Working group: *Tony Bustamante, Diane Brown, & Vanessa Talamantes*

Specify baseline level, one-year target and five-year overall target level of performance for the following core program indicators:

- Percent of contacts with unknown or negative serostatus who receive an HIV test after PCRS notification.
- Percent of contacts with newly identified, confirmed HIV-positive test among contacts who are tested.
- Percent of all contacts with a known, confirmed HIV-positive test among all contacts.

3. Prevention for HIV Infected Persons

Working Group: *Maggie Esquivel, Greg Cardona, Sergio Aviña, Victor Martinez, Rose Veniegas, Royce Sciortino, Dimetri Moshoyannis, & Jeff Bailey*

Specify baseline level, one-year target and five-year overall target level of performance for the following core program indicators:

- Of those enrolled in PCM, proportion of HIV-infected persons that completed the intended number of sessions for PCM
- Percent of HIV-infected persons who, after a specific period of participation in PCM, report a reduction in sexual or drug using risk behaviors with seronegative partners or with partners of unknown status.

4. Health Education/Risk Reduction

Working Group: *Monique Collins, Sophia Rumanes**,** Cathy Reback, & Kathy Watt*

Specify baseline level, one-year target and five-year overall target level of performance for the following core program indicators:

- Proportion of persons that completed the intended number of sessions for each of the following intervention: individual level intervention (ILI), group level intervention (GLI), and PCM.
- Proportion of the intended number of the target population to be reached with any of the following specific interventions (ILI, or GLI, or PCM) that were actually reached.

- The mean number of outreach encounters required getting one person to access any of the following services: CT, STD screening and testing, ILI, GLI or PCM.

5. Evaluation

Working group: *Mike Janson, Pam Ogata and Prevention Services Division Staff*

Specify baseline level, one-year target and five-year overall target level of performance for the following core program indicators:

- Proportion of providers reporting representative process monitoring data to the health departments in compliance with the CDC program announcement;
- Proportion of providers reporting representative outcome monitoring data to the health department. (Baseline and performance targets are not reported until September 2004).

6. Capacity-Building Activities

Working Group: *Ernesto Hinojos and Mark Etzel*

Specify baseline level, one-year target and five-year overall target level of performance for the following core program indicators:

- Proportion of funded providers who have received health department supported capacity building assistance, specifically training or workshops in the design, implementation or evaluation of science-based HIV prevention interventions.

IX. 5 YEAR PREVENTION GOALS AND OBJECTIVES

This agenda item discussion was combined/included in the discussion on agenda item VIII 1-Year Prevention Goals and Objectives.

X. ATTRIBUTES AND INDICATORS

Mario Perez led the discussion on Apprendix C: Critical HIV Prevention Community Planning. The Committee examined each attribute to determine if the objective is being met or can be met.

ATTRIBUTE	DESCRIPTION	COMMENT
1	Presence of written procedures for nominations to the CPG	Yes
2	Evidence that written procedures (above) were used for nominations to the CPG	Yes
3	Evidence that a nominations committee has been established	Yes
4	Evidence that nominations targeted membership gaps as identified by the CPG	Yes
5	Evidence that membership decisions involve more than the health department staff	Yes
6	Written documentation of the process for selection of CPG members	Yes
7	Evidence that the process (above) was used in selection of CPG members	Yes
8	CPG includes: (a) members who represent populations most at risk for HIV infection as reflected in the current and projected epidemic, as documented in the prior year's epidemiologic profile, and (b) persons living with HIV/AIDS.	Yes
9	CPG membership includes members who represent the affected community in terms of race/ethnicity, gender/gender identify, sexual orientation, and geographic distribution.	Yes
10	CPG membership includes, or has access to, professional expertise in behavioral/social science, epidemiology, evaluation, and service provision.	Yes
11	CPG membership includes, or has access to, key governmental agencies, including health department HIV/AIDS program and the state/local health department STD program staff.	Yes
12	CPG membership includes, or has access to, key governmental and non-governmental agencies with expertise in factors and issues relative to HIV prevention.	Yes
13	Evidence of that to gain input from representatives of marginalized groups, who would be hard to recruit and/or retain as CPG members, the CPG convened ad hoc committees, panels, and/or focus groups	Yes
14	Evidence that efforts were undertaken to accommodate or facilitate members who face challenging barriers (e.g., health care or economic needs) to their continued participation in the CPG.	Yes

15	Evidence of a clear decision-making process, including conflict of interest rules.	Yes
16	Evidence of orientation, mentoring or training process for new CPG members.	Yes
17	Evidence that CPG meetings are open to the public and allow time for public comment.	Yes
18	Evidence of ongoing training process for all CPG members	Yes
19	The epidemiologic profile provides information about defined populations at risk for HIV infection for the CPG to consider in the prioritization process.	Yes
20	Strengths and limitations of data sources used in the epidemiologic profile as described (general issues and jurisdiction-specific issues).	Yes
21	Data gaps are explicitly identified in the epidemiologic profile.	Not completed/Not Included
22	The epidemiologic profile contains a narrative interpretation of data presented	Yes
23	Evidence that the epidemiologic profile was presented to the CPG members prior to the prioritization process.	Yes
24	The Community Services Assessment (CSA) focuses on one or more high priority populations (i.e. substantially contributing to new HIV infections in a jurisdiction) identified in the epidemiologic profile.	Yes
25	Data are gathered that define populations' need in terms of knowledge, skills, attitudes, and norms.	Yes, (CRAS Survey)
26	Data are gathered that define populations' needs in terms of access to services.	Yes, (Focus Groups)
27	The Community Services Assessment details the target populations being served	Yes
28	The Community Services Assessment details the interventions provided to each target population.	Yes
29	The Community Services Assessment describes the geographic coverage of interventions or programs.	Yes
30	The Community Services Assessment was utilized in demonstrating linkages between the application and funded interventions.	Yes (not well)
31	Evidence that prior to the prioritization process, the CPG was provided with a summary of the Community Services Assessment.	Yes, which SPA's
32	The gap analysis includes data from the epidemiologic profile and Community Services Assessment.	Yes
33	A gap analysis specifically identifies both met and unmet needs.	Yes
34	The gap analysis identifies the portion of needs being *met* with CDC funds.	fairly easy
35	Evidence that prior to the prioritization process, the CPG was provided with a summary of the gap analysis findings.	Yes
36	The gap analysis was utilized by the CPG in demonstrating linkage between the application and funded interventions.	Yes
37	Evidence that the size of at risk populations was considered in setting priorities for target populations.	Yes
38	Evidence that a measurement of the percentage of HIV morbidity (i.e., HIV/AIDS incidence or prevalence), if available, was considered in setting priorities for target populations.	Yes
39	Evidence that the prevalence of risky behaviors in the population was considered in setting priorities for target populations.	Yes
40	Target populations are defined by transmission risk, gender, age, race/ethnicity, HIV status and geographic location.	Yes, not age
41	Target populations are rank ordered by priority, in terms of their contribution to new HIV infections.	No, but want to do this
42	Demonstrated application of existing behavioral and social science, and pre- and post-test outcome evidence (including evaluation date, when available) to show effectiveness in averting or reducing high-risk behavior with the target population.	Yes
43	Evidence that the prevention activity/intervention is acceptable to the target population (e.g., testing, focus groups, etc.)	Yes
44	Evidence that the prevention activity/infection is feasible to implement for the intended population in the intended setting.	Yes, if future expectation
45	Evidence that the prevention activity/intervention was developed by or with input from the target population.	Yes, if future expectation

46	Prevention activities/interventions are characterized by focus, level factors expected to affect risk, setting, and frequency/duration.	seek clarification
47	Each prevention activity/intervention is also characterized by scale and significance.	seek clarification
48	Prevention activities/interventions are prioritized by risk population and their ability to have the greatest impact on decreasing new infections.	Yes
49	Explicit demonstration of linkages between the comprehensive HIV prevention plan and the health department application to CDC for federal funding.	If required, will do - but if not required, WILL NOT
50	Letter of Concurrence.	Yes
51	Explicit demonstration of linkage between the comprehensive HIV prevention plan and funded interventions.	Yes
52	Explicit demonstration that the CPG has used the Community Services Assessment to determine whether interventions were funded according to the comprehensive HIV prevention plan.	Yes

XI. COMMUNITY CO-CHAIRS REPORT - based on approved motion to extend the discussion/review of Indicators and Attributes, Community Co-Chairs Report deferred to next meeting.

XII. GOVERNMENTAL CO-CHAIR REPORT – based on approved motion to extend the discussion/review of Indicators and Attributes, Governmental Co-Chair Report deferred to next meeting.

XIII. SUB-COMMITTEE REPORTS

- **Prevention Plan (Ad Hoc) - Diane Brown** encouraged committee members to attend the next Prevention Ad Hoc Sub-Committee Meeting scheduled for September 19, 2003 where Resource Allocations will be discussed. Additionally, the Priority Setting/Resource Allocation Work Group chaired by David Giugni, met and will discuss Resource Allocations at the next meeting.
- **Joint Public Policy – Mark Etzel** indicated the Joint Public Policy Sub-Committee is attempting to coordinate a meeting to discuss the conflict regarding the vote on a single governing body. The CHHS (Commission) voted to adopt the concept of one single governing body responsible for the care/treatment and prevention of HIV and the PPC against the concept of one single governing body.
- **CHHS**
- **Youth Leadership – Sergio Avina** reminded members the next Youth Leadership Meeting is scheduled for August 20, 2003.

XIV. ANNOUNCEMENTS

A new coordinator has been assigned for the "Parade for Latin Pride Festival" scheduled for August 31, 2003 at Olympic Street and Hill Street in Los Angeles.

A petition is being initiated to change the Rest Room Usage Policy for Transgenders at the Catch One Club in Los Angeles.

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.